

# INCUMBENT WORKER TRAINING REGISTRATION FORM



## PARTICIPANT INFORMATION

Today's Date \_\_\_\_\_

Full Name (first/last) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN \_\_\_\_\_

Gender: ☐ M ☐ F **Males Only:** Registered with the Selective Service? ☐ Y ☐ N  
If NO ☐ Failure to Register was neither willful nor knowing  
☐ Documented Exemption

Primary Phone # \_\_\_\_\_ Is this # for: ☐ Cell ☐ Home ☐ Work ☐ Other: \_\_\_\_\_

Address \_\_\_\_\_

City, State, County, Zip Code \_\_\_\_\_

Is your mailing address the same? ☐ Y ☐ N If No, \_\_\_\_\_

## EDUCATIONAL INFORMATION

Highest School Grade Completed? ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10<sup>th</sup> ☐ 11th ☐ 12th

Did you receive a High School Diploma or Equivalent? ☐ HS ☐ GED/HiSET ☐ Did Not Complete

Highest Education Level Achieved? ☐ Did Not Graduate ☐ HS ☐ GED/HiSET ☐ AA  
☐ Bachelors ☐ Masters ☐ Other: \_\_\_\_\_

Are you currently attending school? ☐ Y ☐ N If yes, what type: ☐ College ☐ Vocational ☐ Technical

## CITIZENSHIP & ETHNIC ORIGIN

Citizenship Status: ☐ US Citizen ☐ Permanent Resident ☐ Alien or Refugee

Alien/VIA Registration Number and Expiration Date: \_\_\_\_\_

Race – please select all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> White                              |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> I do not wish to answer            |

Hispanic or Latino Heritage? ☐ Y ☐ N Of Haitian Origin? ☐ Y ☐ N

For additional information about Missouri Division of Workforce Development services, contact a Missouri Job Center near you. Locations and additional information are available at [jobs.mo.gov](http://jobs.mo.gov) or (888) 728-JOBS (5627). Missouri Division of Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services are available at 711.

## DISABILITY INFORMATION

Do you have a disability? ☐ Y ☐ N ☐ Do not wish to answer

If **YES**, please answer questions the next three questions.

1. Are you deaf or have serious difficulty hearing? ☐ Y ☐ N
2. Are you a ticketholder in the Social Security Administration's Ticket to Work Program? ☐ Y ☐ N
3. Are you currently receiving or ever received services through Voc Rehab? ☐ Y ☐ N

## MIGRANT SEASONAL FARMWORKER INFORMATION

Have you worked as a farmworker in the last 12 months? ☐ Y ☐ N

If **YES**, answer the next six questions.

In the last 12 months:

1. Have you been employed as a farmworker, either seasonally or temporarily? ☐ Y ☐ N
2. Have you performed at least 25 days worth of work as a farm worker or food processor? ☐ Y ☐ N
3. Was at least 50% of your income earned from farm work? ☐ Y ☐ N
4. Were you employed year round in farm work or food processing by the same employer/farm? ☐ Y ☐ N
5. Have you traveled to do farm work or food processing and was unable to return to your permanent residence within the same day? ☐ Y ☐ N
6. What type of farm work did you do? \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employment Status ☐ Not Employed ☐ Employed ☐ Employed, Received Notice of Termination  
☐ Full Time ☐ Part Time ☐ Date of Layoff \_\_\_\_\_

Currently receiving Unemployment Insurance? ☐ Y ☐ N

Most Recent or Current Employment Details

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hourly Wage \_\_\_\_\_

Start/End Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

## PUBLIC ASSISTANCE INFORMATION

Have you or member of a family - Received the following service(s) in the last 6 months	Yes	No
TANF		
SSI		
General Assistance (GA)		
SNAP (also known as Food Stamps)		
Refugee Cash Assistance		
Support through the State's Foster Care System		

## Veteran/Military Information

Veterans and their spouses may be entitled to State and Federal Benefits. Please answer the following questions. If **NO** military service for you or your spouse, leave these answers **BLANK**.

1. Are you currently in the military, a veteran, or the spouse of a veteran?  
☐ In the Military      ☐ Veteran      ☐ Spouse of a Veteran
2. Are you a family member or caregiver to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? ☐ Y ☐ N
3. Are you a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit? ☐ Y ☐ N
4. Are you the Spouse/Dependent of someone in the active-duty military service, National Guard or Reserves who is currently activated? ☐ Y ☐ N
5. Are you a current member of the Missouri National Guard? ☐ Y ☐ N **Type:** \_\_\_\_\_
6. Are you a Transitioning Service Member? ☐ Y ☐ N If yes, please answer the following:
  - a. Within 24 months of Retirement ☐ Y ☐ N
  - b. Within 12 months of Discharge ☐ Y ☐ N
  - c. Planned Retirement/Discharge Date: \_\_\_\_\_
  - d. Attended a Transition Assistance Program (TAP) Workshop? ☐ Y ☐ N  
Received a DD-2958? ☐ Y ☐ N
  - e. Being involuntary separated from active duty due to reduction in force? ☐ Y ☐ N
7. Have you served on active duty in the armed forces and were discharged or released from such service under conditions other than dishonorable? ☐ Y ☐ N
8. Are you the spouse of a veteran who has a total service connected disability, is Missing In Action, captured in the line of duty by a hostile force, is a Prisoner Of War or who died from a service connected disability? ☐ Y ☐ N

### IF YES TO ANY OF THE ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION

9. Did you serve more than 1 tour of duty? ☐ Y ☐ N
10. Military Service Begin/End Dates: \_\_\_\_\_
11. Received a Military Campaign Badge: ☐ Y ☐ N
12. Most Recent Character of Service: ☐ Honorable\_\_\_\_ ☐ Other: \_\_\_\_\_
13. Branch of Service: \_\_\_\_\_
14. Active in the National Guard or military reserves: ☐ Y ☐ N Called to or on Active Duty? ☐ Y ☐ N  
**Type:** \_\_\_\_\_
15. Are you a disabled Veteran? ☐ Y ☐ N Percentage: \_\_\_\_%
16. Homeless Veteran: ☐ Y ☐ N
17. Are you currently incarcerated or been released from incarceration?  
☐ Y ☐ N ☐ Do Not Wish to Disclose
18. Within the last 12 months, have you been without a paycheck for 27 weeks?  
☐ Y ☐ N ☐ Do Not Wish to Disclose
19. Have you attended a Transition Assistance Program (TAP) Workshop within the last three years?  
☐ Y ☐ N

**PARTICIPANT CERTIFICATION STATEMENT:** I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the Incumbent Worker Training program and may result in criminal action. I give permission for outside sources to be contacted and for them to disclose any information necessary to verify my eligibility for Incumbent Worker Training. I further understand and agree that my Social Security Number and other information on this application will be provided to other government agencies if required by law.

---

Participant Signature

Date

---

Staff Signature

Date

**ADDITIONAL DOCUMENTATION TO COMPLETE**

**1. EO-15 FORM**